

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of	Allowed September 14, 2009
Pierre MONSAN et al.	Conf. 4568
Application No. 10/527,819	Group 1623
Filed October 11, 2005	Examiner Michael C. HENRY

USE OF PREBIOTICS, PREFERABLY GLUCOOLIGOSACCHARIDE, FOR THE  
PREVENTION OF THE ONSET OF TYPE II DIABETES

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents	September 17, 2009
P.O. Box 1450	
Alexandria, VA 22313-1450	

Sir:

Receipt is acknowledged of the Filing Receipt for  
Serial No. 10/527,819.

It is requested that a new Filing Receipt be issued on  
which the fifth-named inventor, **Remy BURCELIN of Ramonville-  
Saint-Agne**, is added as he was omitted from the original filing  
receipt. A copy of the original filed declaration (see page 3)  
and Application Data Sheet (see page 4) is attached.

Respectfully submitted,

YOUNG & THOMPSON

*Benoit Castel*

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## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

Rec'd PCT/PTO 11 OCT 2005

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "USE OF PREBIOTICS FOR THE TREATMENT AND PREVENTION OF HYPERGLYCEMIC SYNDROMES"

the specification of which: (check one)

## REGULAR OR DESIGN APPLICATION

- ☐ is attached hereto.
- ☐ was filed on \_\_\_\_\_ as application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

## PCT FILED APPLICATION ENTERING NATIONAL STAGE

- ☒ was described and claimed in International application No. PCT/FR03/002705 filed on septembre 12, 2003 and as amended on \_\_\_\_\_ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

## PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing (day, month, year)	Priority Claimed
FRANCE	02/11389	13 septembre 2002	Yes

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below:

Application No.	Filing Date	Status (patented, pending abandoned)
(Complete this part only if this is a continuing application.)		

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Filing Date	Status (patented, pending abandoned)
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## POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from \_\_\_\_\_ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, and Liam MCDOWELL, Reg. No. 44,231,

c/o YOUNG & THOMPSON  
Second Floor  
745 South 23<sup>rd</sup> Street  
Arlington, Virginia 22202


Customer Number

00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


1-0 Full name of sole or first inventor: MONSAN, Pierre

Inventor's signature: Date: April 11th, 2005

Residence: 22, chemin de la Gravette, F-31700 Citizenship: FRENCH  
MONDONVILLE, FRANCE JRX

Post Office Address: \_\_\_\_\_

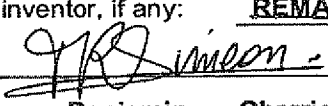
2-0 Full name of second joint inventor, if any: VALET, Philippe

Inventor's signature: Date: April 12th, 2005

Residence: 57, rue des Sautes, F-31000 Citizenship: FRENCH  
FRANCE JRX

Post Office Address: \_\_\_\_\_

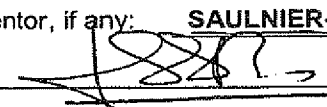
3-0 Full name of third joint inventor, if any: REMAUD-SIMEON, Magali

Inventor's signature: Date: April 11th, 2005

Residence: 1, rue Benjamin Charrier, F-31520 Citizenship: FRENCH  
RAMONVILLE-SAINT-AGNE, FRANCE JRX

Post Office Address: \_\_\_\_\_

4-0 Full name of fourth joint inventor, if any: SAULNIER-BLANCHE, Jean-Sébastien

Inventor's signature: Date: April 11th, 2005

Residence: 35, rue du Gai Savoir, F-31130 Citizenship: FRENCH  
FRANCE JRX

Post Office Address: \_\_\_\_\_

50 Full name of fifth joint inventor, if any: BURCELIN, Rémy

Inventor's signature: [Signature]

Date: April 11th 2005

Residence: 24, rue des Fauvettes, F-31520 RAMONVILLE-  
SAINT-AGNE, FRANCE JRV

Citizenship: FRENCH

Post Office Address: \_\_\_\_\_

Full name of sixth joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of seventh joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of eighth joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of ninth joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	USE OF PREBIOTICS FOR THE TREATMENT AND PREVENTION OF HYPERGLYCAEMIC SYNDROMES
Attorney Docket Number::	0508-1129
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE  
Middle Name::  
Family Name:: MONSAN  
Name Suffix::  
City of Residence:: MONDONVILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 22, CHEMIN DE LA GRAVETTE  
Address::  
City of Mailing Address:: MONDONVILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31700

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PHILIPPE  
Middle Name::  
Family Name:: VALET  
Name Suffix::  
City of Residence:: TOULOUSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 57, RUE DES SAULES  
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State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MAGALI

Middle Name::

Family Name:: REMAUD-SIMEON

Name Suffix::

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State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 1, RUE BENJAMIN CHARRIER

Address::

City of Mailing Address:: RAMONVILLE-SAINT-AGNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31520

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-SEBASTIEN

Middle Name::

Family Name:: SAULNIER-BLACHE

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State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 35, RUE DU GAI SAVOIR

Address::

City of Mailing Address:: BALMA  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31130

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: REMY  
Middle Name::  
Family Name:: BURCELIN  
Name Suffix::  
City of Residence:: RAMONVILLE-ST AGNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 24, RUE DES FAUVETTES  
Address::  
City of Mailing Address:: RAMONVILLE-ST AGNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31520

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	



**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02705	9/12/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/11389	9/13/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::